Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| UTILITY |
|--------------------|
| PATENT APPLICATION |
| TRANSMITTAL |

4519RC2R2 Attorney Docket No. First Inventor or Application Identifier Douglas Allan Royce et al. SHAMPOO COMPOSITIONS WITH CATIONIC **POLYMERS** EK991717314US Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b)

APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.

1. [X] * Fee Transmittal Form (e.g., PTO/SB/17)

- (Submit an original, and a duplicate for fee processing) 2. [X] Specification Total Pages [40]
 - (preferred arrangement set forth below) - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- 3. [] Drawing(s) (35 USC 113) Total Sheets []
- 4. Oath or Declaration Total pages [2]
 - a. [X] Newly executed (original or copy)
 - b. [] Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)
 - [] DELETION OF INVENTORS

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37. C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R.§1.28).

Washington, D.C. 20231 5. [] Microfiche Computer Program (Appendix)

Commissioner for Patents

- 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. [] Computer Readable copy

ADDRESS TO: Box Patent Application

- b. [] Paper Copy (identical to computer copy)
- c. [] Statement verifying identity of above copies

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|----------------------|---------------|-------------|---------------|
| ACCOMPANYING. | ΔΡΡΙΙΙ(Δ | . 1 1 1 1 N | PARTS |
| | | | |

- 7. [] Assignment Papers (cover sheet & document(s))
- [] 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee)
- 9. [] English Translation Document (if applicable)
- 10. [] Information Disclosure [] Copies of IDS Statement (IDS)/PTO-1449 Citations
- 11. [] Preliminary Amendment
- 12. [X] Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 13. [] *Small Entity [] Statement filed in prior application Statement(s) Status still proper and desired
- 14. [] Certified Copy of Priority Document(s) (if foreign priority is claimed)

| 15. [] Otner: | *************************************** | • • |
|---------------|---|-----|
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| ••••• | ••••• | |
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| 6. If a CONTINU | ING APPLICA | TION, check appropriate box and suppl | ly the requisite information l | below and in the preliminary amendment |
|-----------------|---------------|---------------------------------------|--------------------------------|--|
| Continuation | [] Divisional | [X] Continuation-in-part (CIP) | of prior application No. | 09/662 084 |

Prior application information: Examiner: Group/Art Unit: 1615

For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be

relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS [] Customer Number or Bar Code Label or [] Correspondence address below (Insert Customer No. or Attach bar code label here) Linda M. Sivik NAME The Procter & Gamble Company Sharon Woods Technical Center ADDRESS 11511 Reed Hartman Highway CITY STATE ZIP CODE Cincinnati Ohio 45241 COUNTRY TELEPHONE FAX 513-626-4122 513-626-1355

| Name (Print/Type) | Linda M. Sivik | Registration No. (Attorney/Agent) | 44,982 |
|-------------------|----------------|-----------------------------------|---------|
| Signature | Sinda M Swik | Date | 5/11/01 |

This form is stimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are re complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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| FEE | TR | AN | SMI | TTAL |
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Patent fees are subject to annual revision.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid See Forms PTO/SB/09-12.

See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$)996.00

| Complete if Known | | | | |
|----------------------|----------------------------|--|--|--|
| Application Number | | | | |
| Filing Date | May 11, 2001 | | | |
| First Named Inventor | Douglas Allan Royce et al. | | | |
| Examiner Name | | | | |
| Group/Art Unit | | | | |
| Attorney Docket No | 4519RC2R2 | | | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | |
|--|-----------------------------|----------------|------------|-------------|--|----------|
| The Commissioner is hereby authorized to charge indicated | 3. AI | DITIO | NAL FI | EES | | |
| fees and credit any over payments to: | Large | Entity | Small | Entity | | |
| Deposit Account Number 16-2480 | Fee | Fee | Fee | Fee | 7 7 1 d | |
| Deposit Account Number 10-2400 The Procter & Gamble Company | Code | (\$) | Code | (\$) | Fee Description Fee Pai | |
| | 105 | 130 | 205 | 65 25 | Surcharge - late filing fee or oath Surcharge - late provisional filing | 0 0 |
| Required Under 37 C.F.R. §1.18 at the Mailing | 127 | 50 | 227 | 25 | fee or cover sheet | IJ |
| 37 C.F.R. §§1.16 and 1.17 of the Notice of Allowance | 139 | 130 | 139 | 130 | Non-English specification | 0 |
| 2. Payment Enclosed: Payment Enclosed: Money Order Other Other | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | [] |
| FEE CALCULATION | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner's action | [] |
| 1 BASIC FILING FEE Large Entity Small Entity | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner's action | [] |
| Fee Fee Fee Fee Description Fee Paid | 115 | 110 | 215 | 55 | Extension for reply within 1st month | |
| Code (\$) Code (\$) | 116 | 380 | 216 | 190 | Extension for reply within 2 nd month | [] |
| 101 690 201 345 Utility filing fee \$690.00 | 117 | 870 | 217 | 435 | Extension for reply within 3 rd month | |
| 106 310 206 155 Design filing fee [] | 118 | 1,360 | 218 | 680 | Extension for reply within 4 th month | |
| 107 480 207 240 Plant filing fee [] | 128 | 1,850 | 228 | 925 | Extension for reply within 5 th month | [] |
| $1\overline{08}$ 690 208 345 Reissue filing fee | 119 | 300 | 219 | 150 | Notice of Appeal | [] |
| F14 150 214 75 Provisional filing fee | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | [] |
| SUBTOTAL (1) (\$)690.00 | 121 | 260 | 221 | 130 | Request for oral hearing | |
| 2. EXTRA CLAIM FEES | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding Petition to revive - unavoidable | () () |
| Fee From | 140 | 110 | 240 | 55 605 | Petition to revive - unavoidable Petition to revive - unintentional | |
| Extra Claims Below Fee Paid | 141 | 1,210 1,210 | 241 242 | 605 | Utility issue fee (or reissue) | [] |
| Total Claims 37 - 20** = 17 x 18 = \$306.00 Independent Claims 2 - 3** = x 78 = 0 | 142 143 | 430 | 243 | 215 | Design issue fee | E |
| | 143 | 580 | 243 | 290 | Plant issue fee | 0 |
| Multiple Dependent= 0 ** or number previously paid, if greater, For Reissues, see below | 122 | 130 | 122 | 130 | Petitions to the Commissioner | Ē |
| or number previously para, it greater, not recessues, see below | 123 | 50 | 123 | 50 | Petitions related to provisional applications | Ē |
| Large Entity Small Entity | 126 | 240 | 126 | 240 | Submission of IDS | [|
| Fee Fee Fee Fee Description | 581 | 40 | 581 | 40 | Recording each patent assignment | [|
| Code (\$) Code (\$) | 1 | | 245 | 245 | per property (times number of properties) | r |
| 103 18 203 9 Claims in excess of 20 | 146 | 690 | 246 | 345 | Filing a submission after final rejection | [. |
| 102 78 202 39 Independent claims in excess of 3 | 149 | 690 | 249 | 345 | For each additional invention to be | [] |
| 104 260 204 130 Multiple dependent claim, if not paid | | | | | examined (37 CFR 1.129(b) | |
| 109 78 209 39 **Reissue independent claims | Other | foo (er e | oifu) | | | [|
| over original patent 110 18 210 9 **Reissue claims in excess of 20 | 1 Other | ree (spec | сπу) | | | L |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | Other | fee (spe | cify) | | | [|
| and over original patent | Cuncr | ree (ope | on) | | | |
| SUBTOTAL (2) (\$)306.00 | * Rec | duced by | Basic F | iling Fee l | Paid SUBTOTAL(3) (\$) | 0 |

| SUBMITTED BY | | | | | (if applicable) |
|---------------------------|----------------|-----------------------------------|--------|-----------|-----------------|
| | Linda M. Sivik | Registration No. (Attorney/Agent) | 44,982 | Telephone | (513) 626-4122 |
| Name (Print/Tpye) | | <u> </u> | | | |
| Signature Linder M. Livik | | | | | 5/11/01 |